

ASSESSMENT WORKSHEET FOR NATURAL RESIDENTIAL SETTING**COMMUNITY SUPPORT PROGRAM**

NAME - SSI Recipient: _____

If the person is chronically mentally ill or is a chronic alcoholic or other drug abuser and requires assistance in the following areas, enter the approximate number of hours per month.

_____ 1.	Case planning, monitoring and review	_____ 14.	Transportation
_____ 2.	Case management	_____ 15.	Assistance in learning daily living tasks (e.g., personal grooming, laundry, planning/preparing food, purchasing necessities, housekeeping, financial management, training in the use of available transportation)
_____ 3.	Assessment/diagnosis	_____ 16.	Crisis intervention
_____ 4.	Assistance in obtaining needed benefits (e.g., financial support, legal services, money management)	_____ 17.	Vocational services
_____ 5.	Advocacy	_____ 18.	Acquiring/maintaining adequate housing
_____ 6.	Education, support, and consultation to clients' families and other major supports	_____ 19.	Social/recreational activities
_____ 7.	Supportive counseling/psychotherapy	_____ 20.	Coordination of services with other human service programs
_____ 8.	Assertive outreach	_____ 21.	On-site supervision needed to protect health, safety, welfare
_____ 9.	Symptom management	_____ 22.	Respite to family or other major supports
_____ 10.	Medical support/obtaining health care	_____ 23.	Other (specify)
_____ 11.	Referral		
_____ 12.	Socialization and interpersonal		
_____ 13.	Assistance with and training in community functioning (e.g., family relationships, parenting)		TOTAL MONTHLY HOURS OF CSP

IF THE TOTAL HOURS OF CSP NEEDED ARE 40 OR MORE HOURS PER MONTH, THE PERSON IS ELIGIBLE FOR SSI-E.